

	in this information btor 1	to identify your ca									
		Karenn D. Lo	ove			-					
	btor 2 ouse, if filing)					_					
Uni	ited States Bankru	otcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	4	_					
		-17613		-			Check	if this is:	:		
(lf kı	nown)							amende	J		
										ng postpetition following date	
<u>O</u>	fficial Form	106 <u>l</u>					MM	// DD/ Y	YYYY		
S	chedule I:	Your Inco	ome								12/15
spo atta	ouse. If you are select a separate she	parated and you	are married and not fili r spouse is not filing w On the top of any additi	ith you, do not inclu	de inforn	natio	n about y	our spo	ouse. If m	nore space is	needed,
1.	Fill in your emp information.	loyment		Debtor 1			I	Debtor 2	2 or non-f	filing spouse)
	If you have more	ate page with	Employment status	■ Employed			I	☐ Employed			
	information abou		Employment status	☐ Not employed				☐ Not employed			
	employers.		Occupation	Driver							
	Include part-time self-employed we		Employer's name	Advanced Truc	king						
	Occupation may or homemaker, it		Employer's address								
	or nomomakor, n	п арриоо.		Indianapolis, IN	46234						
			How long employed t	here? new en	nployme	ent		_			
Pai	rt 2: Give De	etails About Mon	thly Income								
	imate monthly inc use unless you are		ate you file this form. If	you have nothing to r	eport for a	any I	ine, write \$	\$0 in the	space. In	nclude your no	on-filing
	ou or your non-filing e space, attach a s		ore than one employer, co	ombine the informatio	n for all e	mplo	yers for th	nat perso	on on the I	lines below. If	you need
							For Debt	or 1		ebtor 2 or ling spouse	
2.			ry, and commissions (be calculate what the monthless)		2.	\$		0.00	\$	N/A	_
3.	Estimate and lis	st monthly overti	me pay.		3.	+\$		0.00	+\$	N/A	
4	Calculate gross	Income Add lin	ne 2 + line 3		4	\$		00	\$	N/A	

Official Form 106l Schedule I: Your Income page 1

Debt	or 1	Karenn D. Love		С	ase number (if know	vn)	18-17	′613		
			-							
					F D. lite . 4		E 1	D - l- 1	0	
					For Debtor 1			Debtor filing s		
	Con	y line 4 here	4.	-	\$ 0.0	20	\$	illing s	N/A	-
	000	y line 4 nere	•		<u> </u>		–		14/7	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 0.0	00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		\$ 0.0		\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		. — — — — — — — — — — — — — — — — — — —	00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.		\$ 0.0	00	\$		N/A	_
	5e.	Insurance	5e.		\$ 0.0	00	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$ 0.0	00	\$		N/A	_
	5g.	Union dues	5g.		\$ 0.0	00	\$		N/A	_
	5h.	Other deductions. Specify:	5h.	.+	\$ 0.0	00	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	;	\$0.0	00	\$		N/A	_
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	,	\$0.0	00	\$		N/A	_
8.	List	all other income regularly received:								
	8a.	Net income from rental property and from operating a business,								
		profession, or farm Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.		\$5,200.0	00	\$		N/A	_
	8b.	Interest and dividends	8b.		\$ 0.0	00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent								
		regularly receive Include alimony, spousal support, child support, maintenance, divorce								
		settlement, and property settlement.	8c.		\$ 0.0	00	\$		N/A	
	8d.	Unemployment compensation	8d.		\$ 0.0		\$		N/A	
	8e.	Social Security	8e.		\$ 0.0		\$	=======================================	N/A	_
	8f.	Other government assistance that you regularly receive								_
		Include cash assistance and the value (if known) of any non-cash assistance								
		that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.								
		Specify:	8f.		\$ 0.0	ດດ	\$		N/A	
	8g.	Pension or retirement income	 8g.		\$ 0.0		\$		N/A	_
	8h.	Other monthly income. Specify: VA Disability	8h.		\$ 1,748.		+ \$		N/A	_
		· · ·								-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	6,948.7	71	\$		N/A	4
			Г	_		_				
10.		•	10. \$	\$_	6,948.71 +	\$_		N/A	= \$ _	6,948.71
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.								
11.		e all other regular contributions to the expenses that you list in Schedule								
		de contributions from an unmarried partner, members of your household, your	depe	nde	ents, your roomm	ates	s, and			
		r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	availa	عاطه	to nav evnenses	e liet	ed in S	cheduk	a /	
	Spec		avana	1010	to pay expenses	, 1100	ca iii oi	11.		0.00
							_	I		
12.		the amount in the last column of line 10 to the amount in line 11. The res								
	appli	e that amount on the Summary of Schedules and Statistical Summary of Certai	n Liai	OIIITI	es and Related I	Data	ı, ir it	12.	\$	6,948.71
	арріі									
									Combi	ned ly income
13.	Do v	you expect an increase or decrease within the year after you file this form	?							y moonie
		No								
		Yes. Explain: Debtor is a truck driver and her wages vary each	mon	nth	•		_	_		

Fill	in this informa	tion to identify ye	our case:			1		
Deb		Karenn D. L					k if this is: An amended filing	
1	tor 2 ouse, if filing)						A supplement show	ving postpetition chapter the following date:
Unit	ed States Bankr	ruptcy Court for the	EASTE	RN DISTRICT OF PENNS	SYLVANIA	1	MM / DD / YYYY	
1	e number 18	3-17613						
		rm 106J J: Your	Evnor	nege				40/4
Be	as complete a	and accurate as	s possible eded, atta	. If two married people a ch another sheet to this				
Par 1.	t 1: Descr	ibe Your House	ehold					
1.	■ No. Go to □ Yes. Doe	o line 2. s Debtor 2 live	·	ate household?	s for Separate House	ehold of Debto	or 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Do Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents				Niece		26	□ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
3.	expenses of yourself and	penses include f people other t d your depende	han nts? □	No Yes				☐ Yes
exp	imate your ex	ate Your Ongoi openses as of y a date after the	our bankr	ly Expenses uptcy filing date unless y is filed. If this is a sup	you are using this for plemental <i>Schedule</i>	orm as a sup	oplement in a Cha e box at the top o	apter 13 case to report f the form and fill in the
the		n assistance an		government assistance cluded it on <i>Schedule I:</i>			Your exp	enses
4.		or home owners and any rent for th		ses for your residence. or lot.	Include first mortgag	e 4. \$		1,300.00
	If not includ	led in line 4:						
	4b. Prope 4c. Home		epair, and u	upkeep expenses		4a. \$ 4b. \$ 4c. \$		0.00 0.00 140.00
5.		owner's associa nortgage paym		dominium dues our residence, such as ho	ome equity loans	4d. \$ 5. \$		0.00
٥.	iiii		J. y.		and addity louis	σ. ψ		0.00

ebtor 1	Karenn D. Love	Case num	ber (if known)	18-17613
. Utili	ijes:			
6a.	Electricity, heat, natural gas	6a.	\$	295.00
6b.	Water, sewer, garbage collection	6b.	\$	86.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	100.00
6d.	Other. Specify: cable, internet	6d.	\$	180.00
. Foo	d and housekeeping supplies		\$	590.00
	dcare and children's education costs	8.	\$	0.00
. Clot	hing, laundry, and dry cleaning	9.	\$	260.00
	onal care products and services	10.	\$	120.00
	ical and dental expenses	11.	·	130.00
	sportation. Include gas, maintenance, bus or train fare.		*	
	ot include car payments.	12.	\$	280.00
3. Ente	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	110.00
4. Cha	ritable contributions and religious donations	14.	\$	100.00
5. Insu	rance.			
Do n	ot include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	26.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	162.50
15d.	Other insurance. Specify:	15d.	\$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
_	cify: income taxes	16.	\$	600.00
7. Insta	allment or lease payments:			
	Car payments for Vehicle 1	17a.	\$	664.76
	Car payments for Vehicle 2	17b.	\$	0.00
	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	· -	0.00
	r payments of alimony, maintenance, and support that you did not report as			<u> </u>
	acted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spec	sify:	19.		
). Oth	er real property expenses not included in lines 4 or 5 of this form or on Sche	edule I: Yo	our Income.	
20a.	Mortgages on other property	20a.	\$	0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	Homeowner's association or condominium dues	20e.	\$	0.00
	er: Specify:		+\$	0.00
. •			- Ψ	0.00
2. Calc	ulate your monthly expenses			
	Add lines 4 through 21.		\$	5,144.26
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	5,144.26
				3,11.120
	ulate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.		6,948.71
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	5,144.26
23c.	Subtract your monthly expenses from your monthly income.	00.5	e e	1 904 45
	The result is your monthly net income.	23c.	\$	1,804.45
For e	YOU EXPECT AN INCREASE OR DECREASE IN YOUR EXPENSES WITHIN THE YEAR After YOU Example, do you expect to finish paying for your car loan within the year or do you expect your ideation to the terms of your mortgage?			ease or decrease because of a
	es. Explain here:			